REQUEST FOR RESEARCH CREDIT
LIN 4911 – Credit Hours: 0-3

Name: _________________________________ UF ID: ____________ Term: ____________

Major: __________________________ Email: ____________________________

Name of Supervisor for Proposed Project: ________________________________________

Title of the Proposed Project: _________________________________________________

____________________________________________________________________________

ONE PARAGRAPH DESCRIPTION OF PROPOSED PROJECT
(Include works to be read, activities, assignments, frequency of meetings, deadlines, what
student will be graded on, etc.)

____________________________________________________________________________

Signature of Instructor Directing Work ________________________ Date: ______________

Signature of Undergraduate Coordinator ______________________ Date: ______________